Government of South Australia
Department for Education

Updated: 09/21

AUTHORISATION FOR TRANSPORTATION OF CHILDREN IN EDUCATION AND CARE SERVICES

(Note: this form is to be used when principals permit preschool children to travel on a department school bus service)
Requirements in this document must not be altered. Please use block letters when filling out this form

The Education and Care Services National Regulations state that authorisation for a child to be transported must be given by a parent or other person named in the child's enrolment record as having authority, given by a parent, to authorise transportation of a child. The early childhood service MUST ensure that a child being educated and cared for by the service is not transported outside the education and care service premises unless written authorisation has been given. *See the Acceptance and refusal of authorisations policy for the definition of parent.*

Written authorisation MUST be given each time a child is transported unless the authorisation is for 'regular transportation'. Regular transportation means the transportation by the service or arranged by the service (other than as part of an excursion) where the relevant circumstances are substantially the same for each occasion. In this case a written authorisation is only required to be completed at least once in a 12-month period.

Note: for excursions the 'ED170 Consent form for camp, excursion, sporting or adventure activity' should be used.

As a parent of:	CHILD'S NAME	
	CHILD'S DOB	DD / MM / YYYY
I:	PARENT NAME	

give my consent for the child named above to:

be transported: ☐ **have a regular transport arrangement:** ☐

according to the transport arrangements provided below.

Does your child have any health support, or medication administration needs that should be considered for transportation? **Yes** ☐ **No** ☐

If Yes, has a care plan/medication agreement been provided to the service? **Yes** ☐ **No** ☐

If No, please provide a completed care plan/medication agreement to the service on completion of this form.

If the parent named on this authorisation will not be at the authorised address, authorisation is given for the child to be left with the following authorised person *(must be an adult age 18 years or older):*

ALTERNATE AUTHORISED PERSON NAME	
ALTERNATIVE AUTHORISED PERSON CONTACT PHONE NUMBER	

Any other matters that may impact your child's safe transportation? Yes ☐ **No** ☐

If Yes, please outline details:

Parent (in case of emergency)

NAME	
RELATIONSHIP TO CHILD	

TELEPHONE		MOBILE	
Child Medic Alert Number (If applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the service/preschool will be treated confidentially. Such information is sought in order to protect and assist the child so the activity may be a safe and enjoyable experience. Please contact the site leader if you wish to discuss any health care needs.

Transportation arrangements:

REASON FOR TRANSPORTATION	
METHOD OF TRANSPORTATION (e.g. bus, taxi)	

*This form complies with the Education and Care Services National Regulations – Written Authorisation

Date/dates the child is to be transported:

FOR SINGLE JOURNEY (can include return trip)	DATE:	DD	MM	YYYY

FOR REGULAR TRANSPORTATION	AGREEMENT COMMENCES:	DD	MM	YYYY	AGREEMENT ENDS:	DD	MM	YYYY
	DAY/S (of regular transportation):	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐		

Describe where the child is to be transported i.e. the pick-up location and destination:

Journey 1:

FROM LOCATION (pick up)	
TO LOCATION (destination)	

JOURNEY 1 START TIME: : am / pm	JOURNEY 1 FINISH TIME: : am / pm

Journey 2: (if relevant)

FROM LOCATION (pick up)	
TO LOCATION (destination)	

JOURNEY 2 START TIME: : am / pm	JOURNEY 2 FINISH TIME: : am / pm

Site leader to complete this section:

NUMBER OF CHILDREN LIKELY TO BE TRANSPORTED		
EDUCATION AND CARE SERVICES	**NUMBER OF SUPERVISING EDUCATORS AND OTHER ADULTS**	**EDUCATOR TO CHILD RATIO**
DEPARTMENT SCHOOL BUS SERVICES	*When preschool children are travelling on a school bus service, specify how the safety and behaviour of children will be ensured taking into account the risk assessment*	
SAFETY RESTRAINTS	**Is there a requirement for seatbelts or safety restraints?** *(for department school bus services, if it is deemed that a child cannot travel safely using a seatbelt, is there a requirement for a booster seat?):* **Yes** ☐ **No** ☐	**If yes, is this requirement being met in the means of transport to be used?:** **Yes** ☐ **No** ☐

Agreement:

- I agree to delegate my authority to supervising educators. Such educators may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the children as a group and individually. Note for preschool children traveling on a school bus, the driver is responsible for ensuring the safety of children in lieu of an educator.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the educator-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover. Note: for preschool children travelling on a school bus, the bus driver will follow the school's emergency management plan outlined in the risk assessment.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form, and the safe transportation of children policy and procedures or school transport policy (for preschool children travelling on a school bus) are available upon request for my inspection at the site.

Signed (parent): _____ Date /

*This form complies with the Education and Care Services National Regulations – Written Authorisation